| TPE | | PARTE | 5 - FEE(5) |) IKA | NSMITTAL | | | |
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| 26646 7590 05/01/2006 KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004 | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| 06/19/2006 HDESTA2 00000034 110600 09485325 | | | | | Tesha Ramos | | (Depositor 's name) | |
| | | | | | c 7 6 | Zames | (Signature) | |
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| APPLICATION NO. | FILING DATE | E FIRST NAMED INVE | | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/485,325 | 05/22/2000 | JUERGEN HAH | | | | 10191/1295 | 1777 | |
| FITLE OF INVENTION: E | LLIPSOMETER MEASUR | ING INSTRUMEN | П | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PU | JBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | | \$0 | \$1400 | 08/01/2006 | |
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| STOCK JR, GORDON J 28' | | | 7 356-369000 | | | | | |
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| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | THE PATENT | Γ (print c | or type) | | - | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ROBERT BOSCH GMBH STUTTGART, FEDERAL REPUBLIC OF GERMANY | | | | | | | | |
| Please check the appropriate | assignee category or catego | ries (will not be pr | inted on the p | atent): | ☐ Individual ⊠ Co | orporation or other private gr | oup entity Government | |
| ☑ Issue Fee ☐ A che ☐ Publication Fee (No small entity discount permitted) ☐ Paym | | | | | check in the amount of the fee(s) is enclosed. syment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to exposit Account Number 11 - 0600 (enclose an extra copy of this form). | | | |
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| Authorized Signature | 10 1 | | 7 | | Date <u>6</u> (| 14/06 | | |
| | | | | | | | | |

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